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CONFIRMATION NO. 8892

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10/625,101	07/22/2003 RULE	548	1626	1/1504	
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<b>** CONTINUING DATA *****</b> <i>ms</i> This appln claims benefit of 60/403,106 08/13/2002					
<b>** FOREIGN APPLICATIONS *****</b> <i>ms</i> GERMANY 10233366.1 07/23/2002 GERMANY 10328533.4 06/24/2003					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 12/02/2003</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>ms</i> Allowance Acknowledged <i>ms</i> Examiner's Signature Initials		STATE OR COUNTRY GERMANY	SHEETS DRAWING 0	TOTAL CLAIMS <del>45</del> 4	INDEPENDENT CLAIMS <del>48</del> 2
<b>ADDRESS</b> 28501					
<b>TITLE</b> INDOLINE DERIVATIVES SUBSTITUTED IN THE 6 POSITION, THEIR PREPARATION AND THEIR USE AS MEDICAMENTS					
<b>FILING FEE RECEIVED</b> 1556	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		